

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

18/559,502

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
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12		2		1		
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15		2		1		
16	/		/			
17		1		1		
18		1		1		
19	/		/			
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		3		1		
26		3		1		
27		20		1		
28		0		1		
29		3		1		
30		3		1		
31		3		1		
32		3		1		
33		3		1		
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37		3		1		
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50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	34	←		←
TOTAL CLAIMS			37			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						